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RESEARCH

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GOOD PRACTICES IN CARING FOR A NEWBORN WITH GOOD VITALITY IN THE DELIVERY ROOM: INTEGRATIVE REVIEW

Boas práticas no cuidado ao recém-nascido com boa vitalidade na sala de parto: revisão integrativa

Buenas prácticas en el cuidado de un recién nacido con buena vitalidad en la sala de entrega: revisión integrativa

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ABSTRACT

Objective: to analyze the Brazilian scientific production on good practices related to the care of newborns with good vitality in the delivery room. **Method**: integrative review carried out on five information resources, using the association of descriptors: newborn; perinatal care; and humanized birth, in Portuguese, English and Spanish. **Results**: 12 publications comprised the interpretative analysis, in which mother-infant immediate skin-to-skin contact, early breastfeeding, and timely umbilical cord clamping are recognized as good practices for the newborn in the delivery room. Adherence or not to these behaviors is associated with factors such as type of delivery, presence of companion, bond with the health team, infrastructure, availability of resources and hospital called Child Friendly. **Conclusion**: a paradigm shift is needed to envisage the strengthening of the bond between mother and baby, therefore, skilled and sensitized professionals are needed for the humanization of the conduct in the delivery room.

DESCRIPTORS: Newborn; Perinatal care; Humanizing delivery; Neonatal nursing; Nursing.

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RESUMO

Objetivo: analisar a produção científica brasileira sobre boas práticas relacionadas ao cuidado do recém-nascido com boa vitalidade na sala de parto. Métodos: revisão integrativa realizada em cinco recursos informacionais, mediante associação dos descritores: recém-nascido; assistência perinatal; e, parto humanizado, em português, inglês e espanhol. Resultados: 12 publicações compuseram a análise interpretativa, nas quais contato pele a pele imediato mãe-bebê, aleitamento materno precoce e clampeamento oportuno do cordão umbilical são reconhecidos como boas práticas ao recém-nascido na sala de parto. A adesão ou não a essas condutas associam-se a fatores como tipo de parto, presença de acompanhante, vínculo com a equipe de saúde, infraestrutura, disponibilidade de recursos e hospital intitulado Amigo da Criança. Conclusão: é necessária uma mudança de paradigma vislumbrando o fortalecimento do vínculo entre mãe e bebê, logo, são necessários profissionais capacitados e sensibilizados para a humanização das condutas na sala de parto.

DESCRITORES: Recém-nascido; Assistência perinatal; Parto humanizado; Enfermagem neonatal; Enfermagem.

RESUMEN

Objetivo: analizar la producción científica brasileña sobre buenas prácticas relacionadas con el cuidado de recién nacidos con buena vitalidad en la sala de partos. **Método**: revisión integradora en cinco recursos de información, utilizando la asociación de descriptores: recién nacido; cuidado perinatal; y nacimiento humanizado, en portugués, inglés y español. **Resultados**: 12 publicaciones comprendieron el análisis interpretativo, en el cual el contacto inmediato piel a piel de la madre y el bebé, la lactancia temprana y el pinzamiento oportuno del cordón umbilical se reconocen como buenas prácticas. El cumplimiento de estas se asocia a tipo de parto, presencia de acompañante, vínculo con equipo de salud, infraestructura, disponibilidad de recursos y hospital llamado Child Friendly. **Conclusión**: se necesita un cambio de paradigma para prever el fortalecimiento del vínculo entre la madre y el bebé, por lo tanto, se necesitan profesionales capacitados y sensibilizados para humanizar la conducta en la sala de partos.

DESCRIPTORES: Recién nacido; Atención perinatal; Parto humanizado; Enfermería neonatal; Enfermería.

INTRODUCTION

The birth is a categorical moment for the newborn's health, permeated by great biological, environmental, socioeconomic and cultural vulnerabilities, which implies the need for a timely, integral and qualified childbirth assistance, aiming to reduce the morbidity and mortality of this population group.[1-2]

In Brazil, the Prenatal and Birth Humanization Program was instituted in 2000, which recommends humanized and safe neonatal care, through interventions that are known to be beneficial and free of harm.[3-4] In this directive, humanized childbirth brings together a set of behaviors and procedures with as few interventions as possible in an attempt to preserve the physiological character of the birth.[5]

Perinatal care in Brazil remains intermingled with unnecessary interventions based on routine practices of professionals who disregard the clinical context of the unborn child and international scientific evidence. Often, the birth process is perceived as pathological, permeated by excessive interventions and dehumanized care.[3,6] However, evidence points out that many professional interventions, besides being unnecessary, are harmful and traumatic.[7]

Health professionals should consider the possible damage that any intervention can cause to the physiological process of adaptation of the newborn infant at that unique time.[8] This requires a critical analysis of the best scientific evidence and review of care practices through the promotion of non-invasive care technologies, aiming at the effective insertion of good practices in birth and delivery care.[6,8]

However, evidence on the best practices related to the care of newborns with good vitality in the delivery room, which substantiates a quality care, free of unnecessary interventions and, mainly, of aggravations, is scattered in the national and international literature, which justifies the need for a synthesis of the available evidence on the subject for its effective applicability in clinical practice.

Therefore, the objective of the study was to analyze the Brazilian scientific production on good practices related to the care of the newborn with good vitality in the delivery room.

METHODS

An integrative review was carried out using the six stages established in the method.9 In the first stage, the PICo strategy (P - Population; I - Interest; Co - Context) was used to prepare the research question, and subsequently the Health Science Descriptors (DeCS/BIREME) and Medical Subject Headings (MeSHterms) were consulted, as shown in the following table 1.

Table 1 - PICo Strategy, terms DECS and MESH. Rio das Ostras, RJ, Brazil, 2019

PICo Strategy			DECS	MESH terms
PICo	Variables	Componentes		
P	Population	Newborn	Newborn	Infant, Newborn
I	Interest	Beware	Perinatal care	Perinatal care
Co	Context	Delivery room	Humanized Birth	Humanizing delivery

Therefore, the research question was elaborated: What are the good practices related to the care of the newborn with good vitality in the delivery room analyzed in the Brazilian scientific production in the health area?

In an orderly manner, from October to November 2018, the bibliographic survey was carried out on five informational resources: Latin American Health Sciences Literature (LILACS); Cumulative Index to Nursing and Allied Health Literature (CINAHL); International Health Sciences Literature (MEDLINE); Nursing Database (BDENF); and, Scientific Electronic Library Online (SCIELO). Such searches were carried out respecting the singularities of each resource, through the double combination of the selected terminologies with the Boolean operator "AND".

The following inclusion criteria were applied: publications with research results; available in full; in Portuguese, English and Spanish; produced in the period from January 2008 to August 2018; and, referring to the Brazilian reality. Duplicate publications, experience reports, reflection articles, literature reviews (except systematic ones), letters, editorials, and productions not related to the study scope were excluded.

After re-reading each article, an instrument was filled out for the analysis of the data that allowed gathering and synthesizing the main information of the studies: objectives, level of evidence (seven-level classification),[10] method (type of study, participants and research scenario), in addition to the main results. The data were characterized, interpreted and compared among the productions, with subsequent categorization of the findings.

RESULTS AND DISCUSSION

The different crossroads generated a universe of 1416 summaries read. Then, 89 publications were previously selected by approaching the focus of the study, adding two articles from other sources, however, 74 were removed according to exclusion criteria. Thus, 17 studies were read in their entirety; however, only 12 followed for the interpretative analysis (Figure 1). Table 2 presents the variables according to order, year, level of evidence, title and objectives of the publications.

Figure 1 - Flowchart of article selection in the informational resources adapted from Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA). Rio das Ostras, RJ, Brazil, 2019

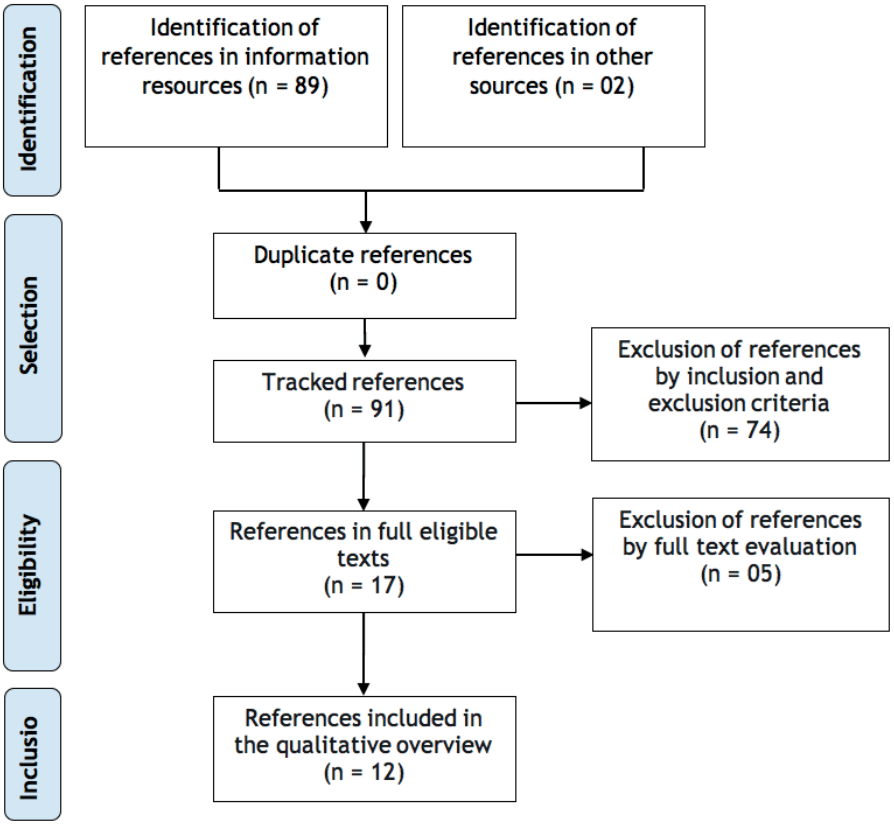

Table 2 - Characterization of the articles selected for analysis, according to order, year, level of evidence, title and objectives. Rio das Ostras, RJ, Brazil, 2019

Code	Level of evidence	Year	Title	Objectives
A1	VI	2018	Obstetric and neonatal results of assisted childbirths11	Assess obstetric and neonatal outcomes of assisted deliveries
A2	VI	2018	Contribution of obstetric nurse to good practices in birth and childbirth care12	Identify the good practices developed by the obstetric nurse in a municipal maternity ward in Rio de Janeiro and analyze the assistance of obstetric nurses in good practices at the time of delivery

Code	Level of evidence	Year	Title	Objectives
A3	VI	2018	Good practices in birth and childbirth care from the perspective of health professionals8	To know the understanding of the health professionals of an obstetric hospital unit regarding the good practices of childbirth and birth care advocated by the World Health Organization
A4	VI	2017	Skin-to-skin contact of the newborn with its mother from the perspective of the multiprofessional team13	To know the perception of the professionals of the multiprofessional team regarding the precocious skin-to-skin contact of the mother with the baby at the moment of birth
A5	VI	2017	Knowledge of resident nurses about good practices in birth care14	To know the perceptions, experiences and experiences of residents of Obstetric Nursing about the humanization of care based on good practices of care for childbirth of normal risk
A6	VI	2017	Compliance of nursing care practices with technical recommendations for normal childbirth15	Describe the conformity of midwifery care practices with the technical recommendations for normal childbirth
A7	VI	2016	Normal childbirth care process in a public maternity ward in the State of Piaui, 201516	Analyse the process of natural childbirth care in a public maternity ward of reference for the state of Piauí
A8	VI	2016	Obstetric nursing assistance based on good practice: from welcome to birth17	Evaluate the care of the obstetric nurse from reception to delivery, based on good obstetric practices
A9	VI	2014	Healthy newborn hospital care practices in Brazil7	Assess the care of the healthy term newborn and identify variations in this care at birth and in the first hour of life
A10	VI	2014	Experiencing skin-to-skin contact with the newborn baby in postpartum as a mechanical act18	To understand the experience of the puerperal during the first skin-to-skin contact with the newborn in the immediate postpartum period, in the obstetric center of a public hospital in a city in the interior of Bahia
A11	VI	2010	Assisting the newborn at birth: on the way to humanization? - qualitative research19	Analyze the assistance provided to the newborn at birth in Cuiabá, Mato Grosso
A12	VI	2009	Evaluation of tertiary maternity care in the interior of the State of São Paulo, Brazil20	To evaluate the structure and process of birth and newborn care developed in the maternity ward and neonatology unit of a tertiary level hospital institution in the interior of the State of São Paulo, Brazil

Among the 12 articles analyzed, three (25%) were published in each year of 2018 and 2017, two (16.7%) in 2016 and 2014, with one (8.3%) publication/year in 2010 and 2009. Thus, nine (75%) studies were from the last five years.

As for the journals, it was identified that the majority, 11 (91.7%), were from the nursing area and only one (8.3%) from the collective health area. Two journals published two articles (16.7%) on the subject, Revista Brasileira de Enfermagem and Revista de Enfermagem UFPE online, while the others had only one (8.3%) published.

Regarding methodology, six publications (50%) used descriptive qualitative methods, generally based on observational, documentary, or action research; while six (50%) presented a quantitative approach, among which one was a cohort (16.7%), and the others performed descriptive statistical analysis (83.3%). Therefore, the majority (91.7%) of the studies showed evidence level VI.

The Brazilian region that developed most studies on the subject was the Northeast, 30.8%, followed by the Southeast, 25%, and the South and Northeast regions with two articles each, 16.7%.

The researchers are mostly (75%) linked to the women's health area and approach little care related to the newborn in a superficial way. Thus, the articles dealing specifically with neonatal care refer to isolated practices.

Humanized practices for the newborn with good vitality in the delivery room

Most of the articles analyzed,[7-8,11-14,16-20] highlighted the promotion of skin-to-skin contact as a simple and inexpensive

practice, whose benefits consist in providing the link between the binomial, providing thermoregulation to the baby and favoring the early establishment of breastfeeding.[11,13,20] It also facilitates extrauterine adaptation, promotes bonding with the companion, stimulates the descent of breast milk, favors the cardiopulmonary stabilization of the newborn, decreases the risk of neonatal hypoglycemia and, consequently, reduces the length of hospitalization.[13]

Other studies also prove the benefits of this care, which include the promotion of the link between the binomial,[21] breastfeeding in the first hour of life[22] and physiological stability in the first hours of life, which includes better stabilization of the cardiorespiratory system and oxygen saturation.[23] Moreover, a systematic review assessed that among 144 neonates, the percentage of glucose in the blood was higher for those who had skin contact and early contact, with an average difference of 10mg/dL more than the babies who did not.[23]

Research compared skin-to-skin contact to the cradle of radiant heat among 60 neonates and showed that, among those undergoing the first practice, only 38.9% developed mild hypothermia after 30 minutes, while the other group reached 61.9%. This is because sensory stimuli, such as touch, heat and odor, release maternal oxytocin, which acts by increasing the temperature of the mother's breast skin, providing heat to the baby.[24]

The Brazilian Ministry of Health recommends that the care of the low-risk newborn baby immediately after birth should be restricted to what is strictly necessary, i.e., to dry, warm, evaluate and deliver it to the mother in order to provide an intimate and early contact, eye to eye, skin to skin, and that all other care should be carried out after the mother's contact with her child.[3] However, this practice, although proven to be beneficial, is not prevalent in all the contexts investigated among the review studies.

Early breastfeeding has been highlighted by nine studies[7-8,12,14,16-17,18-20] as an important strategy to help establish the mother-child bond, in addition to stimulating milk production, and needs to be carried out in such a way as to meet the prospects of humanization, in which the newborn and mother have the possibility of early, intimate and stimulating contact with breastfeeding right after birth, preferably within the first hour of life.[19] However, the proportions of breast supply in the delivery room are still low in all Brazilian regions (16,1%).[7]

This practice provides newborns with immunological benefits, as well as strengthening the link between the dyad, increasing the likelihood of the child receiving colostrum and the duration of breastfeeding.[25] A meta-analysis showed that newborns who started breastfeeding between two and 23 hours after birth had a 33% higher risk of dying than those who started within an hour.[26] Another study proved that babies who were breastfed after the first hour of life had twice the risk of dying in the first month of life compared to those who were breastfed.[27]

Another study showed a statistically significant correlation between the percentage of breastfeeding in the first hour of life and neonatal mortality rates in 67 countries studied, highlighting as benefits the colonization of the intestine of the newborn by the same lactobacteria and enterobacteria found in breast milk, reducing intestinal colonization by gram-negative bacteria, in addition to the presence of immunological and probiotic components, which considerably reduces the risk of developing diseases.[28]

First-time breastfeeding mothers were 30% more likely to breastfeed exclusively at hospital discharge up to one month after birth and 50% more likely to be breastfeeding exclusively at three to six months after birth.[23] However, breastfeeding rates in the delivery room in the Brazilian setting remain sub-optimal, implying the urgency of actions and strategies to increase their prevalence and promote a reduction in neonatal morbidity and mortality.[28]

Four surveys of the review showed timely clamping of the umbilical cord as a good humanized care practice.[8,12,15,17] However, research that compared conformity of obstetric nursing practices in two health care institutions indicated that in one of the maternity wards this type of clamping showed partial conformity.[15] Thus, despite recommendations regarding this practice, its coverage has been limited, which directly influences the first hours of life of the newborn, as well as the first months.

It should be noted that this practice is capable of increasing the baby's blood volume by 75% and, consequently, increase concentrations of hemoglobin and iron stock. Meta-analysis proved that the hemoglobin and hematocrit levels evaluated over 24/48h still remain higher in newborns submitted to timely clamping, therefore, significantly decreases the chances of anemia between 3 to 6 months of life.[29]

In view of the results of the review, the inclusion of the family and/or the companion in the birth process is also considered a good care practice.[8,12,15,19-20] Research[12] showed that 83% of the women in labor and birth had the presence of the companion during labor and birth. However, in another survey[16] such presence was 58.3%. Another analysis[15] pointed out that the presence of the companion and timely clamping of the umbilical cord were more prevalent in women assisted by obstetric nurses of one of the maternity wards.

It is known that the continuous support provided by the caregiver during childbirth and the perinatal period is a protective factor by encouraging the reduction of unnecessary and possibly harmful interventionist practices at a time when the mother and the newborn are extremely vulnerable to hospital routine and professional decisions, since the health care professional shows commitment to perform better care when the caregiver is present.[30]

This presence is extremely important because of the possibility of strengthening the bond between mother, baby and family. The father's presence provides the opportunity for the father to contribute effectively to the sharing of responsibilities, in addition to promoting the realization of the practices mentioned above.[8]

Studies conducted with health professionals point to the recognition of good practices in birth and childbirth care and their association with light health care technologies, as they transcend technical and timely issues and reinforce the importance of noninvasive technologies.[8,14] Moreover,

they emphasize that the understanding of good practices is acquired through scientific grounding.[14]

The A5 study elucidates satisfactory rates of fetal vitality after birth as one of the main advantages of using good practice. Therefore, humanizing birth care involves changes in attitudes and habits of all people involved in care, be it the user, the professional, the manager/manager, and the incorporation of new practices in the field of health, making birth a family event and a physiological process, as emphasized in articles A5 and A11.[14,19]

Factors promoting good care practices for the newborn with good vitality in the delivery room

The study[18] associated the presence of the companion in the delivery room with the highest chance for early skin-to-skin contact and breastfeeding in the first hour of life. Therefore, this practice is an incentive for early interaction of the mother with her child, which favors a closer bond between mother, baby and family.[8,13] Therefore, it is essential the participation of the companion at this time and its appreciation by the health team both because it is a good practice and because it is a promoter of other good practices.

In two studies[11,16] all newborns were born in normal delivery, directly reflecting the increase in the percentage of babies submitted to skin contact with their mothers.[11] Another article[18] pointed out that those born through this type of delivery presented a significantly lower chance for the mother's removal after delivery. These findings show the direct impact of normal childbirth to promote early skin contact between the binomial, as well as the supply of breast milk that is stimulated by this contact.[18]

This finding corroborates the literature which reveals that babies born in this condition were more likely to be placed on their mother's lap and then breastfed still in the delivery room.[31] However, the Brazilian rates of cesarean section are still far above what the World Health Organization recommends, considering that in 2014 it had a rate equivalent to 57% and according to the organ, the ideal rate is around 10% to 15%.[32]

Research found in the review showed that hospitals entitled "Child Friendly" benefit from a significant increase in the mother's breast in the delivery room, reducing the distance between mother and baby. In addition, it pointed out that this separation also varied among the regions of Brazil. Births financed by the Brazilian Unified Health System have also favoured the implementation of such practices.[18]

A12 research shows that institutional routine and technical procedures are still the main focus of assistance in the birth process, which directly harms the mother and child contact, causing it to be performed only after the first care.[20] These findings are related to other studies[8,13] which highlight the knowledge, training and capacity building of professionals, through continuing education, as an action promoting good practices in childbirth.

Therefore, issues related to the routine care and structure of hospital units and the training of the health team are also correlated to the adherence to humanized practices in the delivery room, such as skin contact and offering breast milk to the baby soon after birth. Thus, the presence of the nurse in the delivery room favors the realization of these practices.[33] In addition, the formation of a bond between the team, mother and companion, through continuous support, impacts on positive results in terms of humanized care provided to the binomial.[34]

However, the lack of knowledge of professionals, differences of opinion among members of the health team, insufficient number of employees, a fragmented care routine based on technical and non-humanized care practices, are considered challenges for the realization of good care practices.[35] That is, when in accordance with the recommendations, they present themselves as promoting factors.

The woman's autonomy and willingness to make early contact in the delivery room are also referred to in another study[13] as factors that facilitate the adoption of such humane care in the delivery room.

A fundamental aspect in the humanization of childbirth and birth refers to the attention and emotional support that the woman receives from the team and family during this process. In this sense, the relationship between health professionals and the puerperal women is an indispensable tool for the establishment of a healthy and happy experience for mother-child-family. It was verified that when the mother arrives in the delivery room, in some situations, the professionals offered friendly and calm assistance, while in other moments they maintained a distant and unwelcoming attitude, incisively impacting in the formation of a bond.[19]

Article A3 associated good practices with well-targeted and enlightened prenatal consultations so that the pregnant woman is aware of her physiological condition and takes responsibility for the birth process.[8] In addition, A4 research has indicated that providing pregnant women with the experience of reference maternity before delivery ensures the provision of prior guidance on skin-to-skin contact.13 Through the knowledge and instrumentalization of pregnant women about these practices, which are effectively beneficial to both, such actions would promote women's autonomy and empowerment so that they are considered important by the woman after delivery, providing conditions to make compatible choices.

Prenatal care was also identified as a relevant factor in skin-to-skin contact and breastfeeding soon after delivery in another study, as higher rates of this practice occurred among mothers who had substantial numbers of consultations.[35] Research highlights that prenatal care should provide women with information related to childbirth and birth, reinforcing proven beneficial procedures, avoiding unnecessary interventions, sharing with the pregnant woman decisions about behaviors to be adopted, and establishing relationships based on ethical, social, and professional principles.[36]

A study of the review[20] pointed to the influence of factors related to the physical area of the institution studied, such as prepartum, delivery and postpartum rooms and the absence of physical space that would allow the presence of a companion, which implied the non-implementation of actions recommended by the policy of humanizing childbirth care. In relation to human resources, they were in accordance with

the number of beds, except the number of nurses, especially in the area of obstetrics. There were no written protocols for the organization of care developed in the areas of obstetrics and neonatology. That is, pointing out that these factors, when in accordance with the recommended, promote the adherence to good practices.[14]

Furthermore, the Child Friendly Hospital Initiative, which has as its objective the implementation of practices beneficial to the newborn, among them skin-to-skin contact and, mainly, breastfeeding in the first hour of life, is configured as a facilitator for institutional adherence to such practices. A national survey aimed at describing the experience of these institutions over 25 years showed rates of early contact and breastfeeding higher than those of non-credited hospitals, which is consistent with the findings of this study. However, it also points out that the number of accredited hospitals in Brazil is still low when compared to other countries.[37]

CONCLUSION

The findings pointed out as good practices in the delivery room, aiming at promoting integral care to newborns with good vitality, the immediate skin-to-skin contact between mother-babies, the early initiation of breastfeeding and the timely clamping of the umbilical cord. In addition, there are factors that influence the adoption or not of these good practices, such as the type of delivery, the presence of a companion, the link with the health team, the infrastructure, the availability of resources, and the Child-Friendly Hospital.

Moreover, they showed that the scientific evidence that addresses this issue deals with specific care practices in isolation, inferring that few studies are produced about the integral care of the newborn in the delivery room, so it becomes necessary to expand research in this area. Furthermore, they are mostly related to women's health, having a superficial approach to baby care, presenting itself as a limitation for the preparation of this study.

Thus, the application of the good practices listed requires a change of paradigm in order to strengthen the bond between mother and baby. For this, trained and sensitized professionals are needed for the humanization of behaviors in this scenario of practice.

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